Affidavit to Accompany Motion for Leave to Appeal in Farman Pauperis

FILED IN CLERKS OFFICE US COURT IN APPEALS FOR THE FIRST CIRCUIT

District Court No. <u>04-10023-64</u>0 Appeal No. <u>05-1021</u>

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Michael Sabenho

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 3-21-05

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Average monthly amount during Amount expected next month Income source the past 12 months Spouse **Employment** Self-employment Income from real property (such as rental income) s Ø Interest and dividends

Income source	Average monthly the past 12 mont	-	Amount expected next month		
Gifts	You \$	Spouse \$	You \$\s\columber O	Spouse \$	
Alimony	s ONA	s ONA	s 0 M	1A \$ ON//	
Child support	s <u>O/N/A</u>	s ONA	\$ 0 N	MA S CON/	
Retirement (such as social security, pensions, annuities insurance	s <u>ON/A</u>	s ON/A	s_ <i>ON</i>	(A s O N/A	
Disability (such as social security, insurance payment	s <u>O N/A</u>	s ONA	s 0	N/A \$ 0 M/	
Unemployment payments	s ONA	s <u> </u>	s 01	//A s O N/	
Public-assistance (such as welfare)	s DNA	s	<u>\$</u>	N/A \$ N/A	
Other (specify):	_ \$	\$	\$	<u> </u>	
Alimony SONA SONA SONA SONA SONA SONA SONA SONA			120 s C		
·	story, most recent e	mployer first. (Gro	ss monthly p	oay is before taxes or	
5.8.6.6	6HIRLY MA	11-99 20 4	-00	\$ 20	
64m Job SB.(1)	> HIRLY MA	12-0260	5-03	# 20	
<u></u>			<u></u>		
	oyment history, mo	st recent employer f	first. (Gross	monthly pay is before	
Employer A	ddress	Dates of Emp	loyment (Gross monthly pay	
<u> </u>	NIA	_ N/A		NIA	
NA	NIA			NIA	

4. How much cash do you and your spouse have? \$ 70 Just me

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
5-B-1-(_	3AV196-5	\$ 101.84	s or in
0	0	s	\$ <u></u>
O	0	<u>\$</u>	<u>\$</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1 Make & year:	(Value)
NA NA		NA		Model: N Registration#: N	CA CA
Motor Vehicle #2 Make & year: ///	(Value)	Other assets NA	(Value)	Other assets N/A N/A	(Value)
Registration#: \(\square\)	9	NIA		NA	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your	Amount owed to you	Amount owed to your spouse
spouse money		. 1
NCA	NIA	N/A
NIA	NIR	NIA
NIA	NIL	NIA

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
NIA NIA	NIA	NA
NIA	NIA	NA

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented	You \$	Spouse \$_/\sqrt{f}_
for mobile home) Are any real estate taxes included? □ Yes □ No Is property insurance included? □ Yes □ No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	s_NA	\$ <u>~/A</u>
Home maintenance (repairs and upkeep)	s MA	s <u>/Y//-</u>
Food	<u>\$ 80</u>	s_ ///
Clothing	s N/A	\$_ <i>N/A</i>
Laundry and dry-cleaning	\$ <u>\langle \langle \lan</u>	\$ N/A
Medical and dental expenses	\$	\$ <u>~/</u> }
Transportation (not including motor vehicle payments)	\$ <u>~~</u>	s_ NA
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>nA</u>	\$ NA
Insurance (not deducted from wages or included in Mortgage payments)	s_NA	s <u>N4</u>
Homeowner's or renter's	s NA	s NA
Life	s 80	s NA
Health	\$	\$ NA
Motor Vehicle	s NA	\$ NA
Other: <u>LANTEEN</u>	\$ NEO	s_NA
Taxes (not deducted from wages or included in Mortgage payments)(specify):	\$ <u></u>	s_NA_
Installment payments	* NA	\$ <u>NA</u>
Motor Vehicle	\$_NA	\$ NA
Credit card (name):	\$ NA	\$ <i>NA</i>
Department store (name):	<u> </u>	s_NA_
Other:	s NA	<u> </u>

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Alimony, maintenance, and support paid	to others	s_NA_	s_ <i>NA</i>
Regular expenses for operations of busin or farm (attach detailed statement)	ness, profession,	\$ <u>NA</u>	\$ <i>NA</i>
Other (specify): LANT((N	·	<u>\$ 80</u>	\$ <u>NA</u>
		\$ <u>80</u>	\$ <i>N</i> _A
9. Do you expect any major changes to during the next 12 months? ☐ Yes ♥No			sets or liabilities
 Have you paid — or will you be pa case, including the completion of this fo 	ying — an attorney o orm? □ Yes ☑ No	any money for services i	n connection with this
If yes, how much? \$/\frac{1}{A}_			
If yes, state the attorney's name, addres	s, and telephone nun	nber:	
typist) any money for services in conne □ Yes □No	nying — anyone othe	r than an attorney (such including the completio	a as a paralegal or a on of this form?
If yes, state the person's name, address	, and telephone num	ber:	
appeal. My family 5,	pent oll 4	there mone	
my trial course	mony, maintenance, and support paid to others S_NA S_NA gular expenses for operations of business, profession, or farm (attach detailed statement) her (specify):		
11 = 60716 ne	とくくとかりょせ	45 tol m	e in prison
. I CALD SOO	15 1600	wed -	$\lambda \supset \Lambda \cap \Gamma \cap \Gamma$
a monthly pa	Ymenc c		,

13. State the address of $\mathcal{S} \cdot \mathcal{B} \cdot \mathcal{C} \cdot \mathcal{C}$	your legal residence. 5/4/RCY MA 01764
0.0 BOX	8000
Your daytime phone nu	mber: (781) 337-7230
Your age: <u>26</u>	Your years of schooling: 8th grade

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COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION **Inmate Transaction Report**

Date: 20050210 13:25

Commit#: W65867 SOUZA-BARANOWSKI CORRECTIONAL

Page: 1

Name :

SUBENKO, MICHAEL, A,

20040810 Statement From

SOUZA-BARANOWSKI CORRECTIONAL

To 20050210

Block :

Cell/Bed:

(10/A)

Transaction Type Date	Receipt	Check	Inst	Notes	Pe	rsonal	Savings		
	#	No	Name	•	Income Expense		Income Expense		
			Total	Transaction b	pefore this Period :	\$2,771.21	\$2,656.32	\$311.40	\$211.31
0040811 17:03	1S - Interest	3208490		SBCC		\$0.09	\$0.00	\$0.00	\$0.00
0040811 17:03	JS - Interest	3208491		SBCC		\$0.00	\$0.00	\$0.16	\$0.00
0040813 11:21	C1 - Transfer from Club to Inmate A/e	3236741		SBCC	~refund fr 8/6~W65867 SUBENKO,MICHAEL A PERSONAL~KCN WASH ACCOUNT - Z5	\$1.73	\$0.00	\$0.00	\$0.00
0040816 11:28	IC - Transfer from Inmate to Club A/c	3240250	- A-11 Mari	SBCC	~postage~POSTAGE - Z11~POSTAGE - Z11	\$0.00	\$1.20	\$0.00	\$0.00
0040817 08:12	IC - Transfer from Inmate to Club A/c	3243537		SBCC	~postage~POSTAGE - Z11~POSTAGE - Z11	\$0.00	\$0.74	\$0.00	\$0.00
0040820 22:30	CN - Canteen	3266348		SBCC	~Canteen Date : 20040820	\$0.00	\$29.94	\$0.00	\$0.00
0040827 22:30	CN - Canteen	3295379		SBCC	-Canteen Date : 20040827	\$0.00	\$39.78	\$0.00	\$0.00
0040830 09:56	ML - Mail	3296808		SBCC	-LISA SERPA	\$40.00	\$0.00	\$0.00	\$0.00
0040903 22:30	CN - Canteen	3322678		SBCC	~Canteen Date : 20040903	\$0.00	\$ 49.51	\$0.00	\$0.00
0040908 16:50	IS - Interest	3334706		SBCC		\$0.18	\$0.00	\$0.00	\$0.00
0040908 16:50	IS - Interest	3334707		SBCC		\$0.00	\$0.00	\$0.18	\$0.00
0041013 16:59	1S - Interest	3500000		SBCC		\$0.07	\$0.00	\$0.00	\$0.00
0041013 16:59	1S - Interest	3500001		SBCC		\$0.00	\$0.00	\$0.18	\$0.00
0041110 16:46	IS - Interest	3645763		SBCC		\$0.07	\$0.00	\$0.00	\$0.00
20041110 16:46	IS - Interest	3645764		SBCC		\$0.00	\$0.00	\$0.21	\$0.00
20041207 17:00	IS - Interest	3778875		SBCC		\$0,08	\$0.00	\$0.00	\$0.00
20041207 17:00	1S - Interest	3778876		SBCC		\$0.00	\$0.00	\$0.22	\$0.00
20050113 17:06	IS - Interest	3980015		SBCC		\$0.09	\$0.00	\$0.00	\$0.00
20050113 17:06	IS - Interest	3980016		SBCC		\$0.00	\$0.00	\$0.25	\$0.00
20050202 09:54	ML - Mail	4071743		SBCC	~LAURIE SUBENKO	\$15.00	\$0.00	\$0.00	\$0.00
20050202 09:54	MA - Maintenance and Administration	4071744		SBCC	~Monthly Maintenance and Administration Fee	\$0.00	\$1.00	\$0.00	\$0.00
20050204 22:30	CN - Canteen	4091390		SBCC	~Canteen Date : 20050204	\$0.00	\$49.79	\$0.00	\$0.00
20050209 16:46	IS - Interest	4109160		SBCC		\$0.09	\$0.00	\$0.00	\$0.00
20050209 16:46	IS - Interest	4109161		SBCC		\$0.00	\$0.00	\$0.27	\$0.00
					-40	\$57.40	\$171.96	\$1.47	\$0.00

Savings Personal \$101.56 \$0.33

Balance as of ending date :

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DEPARTMENT OF CORRECTION

Inmate Transaction Report

Date: 20050210 13:25

Commit#: W65867 SOUZA-BARANOWSKI CORRECTIONAL

Name :

SUBENKO, MICHAEL, A.

Statement From 20040810

SOUZA-BARANOWSKI CORRECTIONAL

20050210

Block :

Cell/Bed:

10 /A

Current Balances:

\$0.33

Savings \$101.56

\$0.00

Loan \$0.00 Restitution \$0.00

Sentence \$0.00